

## **1200 Series**

**1201    Income Eligibility and Household Composition**

MICHIGAN DEPARTMENT OF HUMAN SERVICES		Item 1201	Page 1 of 2
<b>Community Services Policy Manual</b>	SUBJECT Earned Income Tax Credit Program:  <b>PROGRAMMATIC and NARRATIVE REPORTING</b>		EFFECTIVE DATE <b>01/14/08</b> ISSUE DATE <b>01/14/08</b>

## REFERENCES:

- CSBG-T (CSBG-Tax Preparation Assistance and EITC Outreach) – Planning Instructions and Funding Agreement.

## PURPOSE:

To provide CAAs with instructions and requirements for reporting activity under the CSBG-T Program.

## POLICY:

Reports will be required to satisfy state and local management needs. The grantee is required to complete and submit the CSBG-T, Programmatic and Narrative Report, DHS-304.xls (Rev. 01-2008), by the dates listed below. A copy of the updated DHS-304 is attached.

## Report Instructions:

### Page 1 of 2 – Report Due **May 16, 2008** and **July 31, 2008**

#### Section I. A, B, C, D and E:

Indicate: The total number of households served; the total number of household members benefiting; the number of forms completed, returns/forms e-filed and total amounts to be credited and refunded/overpaid; the number of amended or prior year tax returns; and the number of volunteers and volunteer hours contributed to the program. (See attached EXAMPLE, Page 1 of 2/Sheet 1 of 2.)

### Page 2 of 2 – Report Due **July 31, 2008**

#### Section II:

Describe any special “success” stories, attributed to the CSBG-T program, experienced by the agency’s clients. Note: Such stories can be used by DHS to show the statewide impact of the work of the CAAs as well as to promote EITC filing by Michigan’s low-income citizens.

#### Section III. A, B & C:

Describe any significant accomplishments and problems encountered during the administration of the project as well as any changes the agency may implement to improve this program in the future.

#### Section IV:

Identify any community providers that referred clients to the grantee for tax services.

#### Section V:

Forward a copy of any outreach materials, used to implement this program, to your grant manager. [These materials may be mailed, E-mailed or faxed.] Describe how these materials were distributed in the community.

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**Report Submittal Process:**

Reports shall be submitted to the DHS grant manager, electronically, by the due dates noted above.  
 Addresses are as follows:

Jean Luttig	Email: <a href="mailto:luttigj@michigan.gov">luttigj@michigan.gov</a>
Dianne Morales	Email: <a href="mailto:moralesd@michigan.gov">moralesd@michigan.gov</a>
Evelyn Oliver	Email: <a href="mailto:olivere@michigan.gov">olivere@michigan.gov</a>
Jim Turner	Email: <a href="mailto:turnerj@michigan.gov">turnerj@michigan.gov</a>

Attachments:

- DHS-304.xls (Rev. 01-2008)
- EXAMPLE Completed DHS-304 (Page 1 of 2/Sheet 1 of 2)

**CSBG-T Tax Preparation Assistance Program**  
**Michigan Department of Human Services**  
 (Submit Reports Via E-Mail to your DHS Grant Manager)

<b>CONTRACT NO: CSBG-T-08-</b>	
<b>REPORT PERIOD END DATE:</b>	

**Reports Due:**

**May 16, 2008** (for report period 1/1/08-04/16/08) : Complete Section I

**July 31, 2008** (for report period 1/1/08-06/30/08): Complete Sections I through IV

<b>GRANTEE NAME:</b>	
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**SECTION I - Programmatic Data - all data must be cumulative for each reporting period.**

**A: Total # of Households Served (unduplicated count):**

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**B. Total # of Household Members (unduplicated count):**

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**C. Complete columns below (totals will automatically calculate) do not enter numbers in shaded boxes.**

[A]	[B]	[C]	[D]	[E]	[F]
Type of Return or Credit	# OF FORMS COMPLETED To Date	# OF RETURNS E-FILED To Date	\$ TOTAL AMOUNT OF REFUNDS **	\$ TOTAL AMOUNT OF CREDITS	# TOTAL Number of Credits
<b>FEDERAL</b>					
Income Tax Return					
■ Earned Income Tax Credit (EITC)					
■ Child Tax Credit *					
<b>STATE</b>					
Income Tax Return					
■ Home Heating Tax Credit					
■ Homestead Property Tax Credit					
<b>LOCAL</b>					
Income Tax Return					
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>

\* **This is a new report item.** If you were unable to capture this data for the 2007 tax year, please include an explanation in the Narrative under Section III, item. B..

\*\* **Re: [D]** - This should be the TOTAL amount OVERPAID as noted on the Tax Return.

**D. Number of Amended or Prior Year Tax Returns included in "Item C, Column [B]" above:**

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**E. 1. VOLUNTEERS providing "tax preparation" services:**

a) TOTAL # OF volunteers:

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b) TOTAL # of Hours:

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**E. 2. VOLUNTEERS providing "non-tax preparation, program support or clerical" services:**

a) TOTAL # OF volunteers:

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b) TOTAL # of Hours:

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**CONTACT PERSON:**

**PHONE NUMBER:**

AUTHORITY: P.L. 97-35 of 1981  
 COMPLETION: Mandatory  
 PENALTY: No Reimbursement

The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

## **NARRATIVE REPORT**

### **SECTION II** (Attach additional pages as necessary-see additional Sheet 3.)

**Describe any special “success” stories, attributed to the Tax Preparation Assistance program, experienced by your clients.**

### **SECTION III** (Attach additional pages as necessary-see additional Sheet 3)

**A. Describe any significant program accomplishments.**

**B. Describe any significant problems encountered during program implementation.**

**C. Describe any changes you may implement to improve this program in the future:**

### **SECTION IV** (Attach additional pages as necessary-see additional Sheet 3.)

**Identify any community providers who referred clients to the agency for this service.**

### **SECTION V** (Attach additional pages as necessary-see additional Sheet 3)

**Forward a copy of any outreach materials used to implement this program to your grant manager. [Materials may be mailed, E-mailed or faxed.] Explain how these materials were distributed.**

This sheet is for additional narrative that will not fit on Page 2/Sheet 2.

**\* EXAMPLE REPORT \***

**CSBG-T Tax Preparation Assistance Program  
Michigan Department of Human Services  
(Submit Reports Via E-Mail to your DHS Grant Manager)**

**CONTRACT NO: CSBG-T-08- 54321**

**REPORT PERIOD END DATE: 05/16/2008**

**Reports Due:**

**May 16, 2008** (for report period 1/1/08-04/16/08) : Complete Section I

**July 31, 2008** (for report period 1/1/08-06/30/08): Complete Sections I through IV

**GRANTEE NAME:**

ABC CAA, Inc.

**SECTION I - Programmatic Data - all data must be cumulative for each reporting period.**

**A. Total # of Households Served (unduplicated count):**

**700**

**B. Total # of Household Members (unduplicated count):**

**1,300**

**C. Complete columns below (totals will automatically calculate) do not enter numbers in shaded boxes.**

[A]	[B]	[C]	[D]	[E]	[F]
Type of Return or Credit	# OF FORMS COMPLETED To Date	# OF RETURNS E-FILED To Date	\$ TOTAL AMOUNT OF REFUNDS **	\$ TOTAL AMOUNT OF CREDITS	# TOTAL Nnumber of Credits
<b>FEDERAL</b>					
Income Tax Return	680	600	\$ 214,000		
■ Earned Income Tax Credit (EITC)	150			\$ 220,000	
■ Child Tax Credit *	300			\$ 50,000	
<b>STATE</b>					
Income Tax Return	450	430	\$ 65,000		
■ Home Heating Tax Credit	660			\$ 119,000	
■ Homestead Property Tax Credit	550			\$ 155,000	
<b>LOCAL</b>					
Income Tax Return	50	0	\$ 1,000		
<b>TOTALS</b>	<b>2,840</b>	<b>1,030</b>	<b>\$ 280,000</b>	<b>\$ 544,000</b>	<b>1,660</b>

\* **This is a new report item.** If you were unable to capture this data for the 2007 tax year, please include an explanation in the Narrative under Section III, item B..

\*\* **Re: [D]** - This should be the TOTAL amount OVERPAID as noted on the Tax Return.

**D. Number of Amended or Prior Year Tax Returns included in "Item C, Column [B]" above:**

**15**

bureau

**E. 1. VOLUNTEERS providing "tax preparation" services:**

a) TOTAL # OF volunteers: **20**

b) TOTAL # of Hours: **200**

**E. 2. VOLUNTEERS providing "non-tax preparation, program support or clerical" services:**

a) TOTAL # OF volunteers: **4**

b) TOTAL # of Hours: **50**

**CONTACT PERSON: Joe Jones**

**PHONE NUMBER: 517-333-4444**

AUTHORITY: P.L. 97-35 of 1981

COMPLETION: Mandatory

PENALTY: No Reimbursement

The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

DHS-304.xls (Rev. 01-2008)

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**[Submit the DHS-304 via E-mail to your DHS Grant Manager]**

**\* EXAMPLE REPORT \***